

DISPUTE FORM

CARDHOLDER NAME and

RETURN ADDRESS:

CARDHOLDER PHONE NUMBER: _____

CARDHOLDER FAX NUMBER: _____

CARDHOLDER ACCOUNT NUMBER: _____

MERCHANT NAME: _____

AMOUNT: _____

TRANSACTION DATE: _____

TRANSACTION REFERENCE #: _____

To assist our investigation, please indicate below the reason for your dispute. If you have any questions, please call our Dispute Representatives at 1-888-297-0768.

I did not make nor authorize the above transaction. (Please indicate the whereabouts of your Commercial Card.)

There is a difference in the amount I authorized and the amount I was billed.
(A copy of your charge must be enclosed.)

I only transacted one charge, and I was previously billed for this sales draft.
Date of previous charge:

The above transaction is mine, but I am disputing the transaction.
(Please state your reasons why in detail.)

Please send me a copy of the sales draft. (Your account will be charged \$5.00 for each copy supplied.)

I have received a credit voucher for the above transaction, but it has not yet appeared on my account. (A copy of the credit voucher must be enclosed.)

My account has been charged for the above transaction, but I have not received this merchandise. The date of expected delivery was: _____ The details of my attempt to resolve the dispute with the merchant and the merchant's response are indicated below.

My account has been charged for the above transaction, but the merchandise has since been returned. The details of my attempt to resolve the dispute with the merchant and the merchant's response is indicated below. (Please enclose a copy of your postal receipt.)

Other (Please explain):

Cardholder Signature: _____ **Date:** _____

Check here if signing on behalf of cardholder

Send completed form to:
Bank One Corporate Products-Disputes
P.O. Box 2015-Department B3
Elgin, IL 60121

Or Fax to: (847) 497-8298
(847) 622-2495
(847) 931-8861

Fax a copy of this form to the Purchasing Card Administrator at 562-570-5099.